

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445154	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/29/2016
NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 022 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to correctly mark the emergency exit path of egress.</p> <p>The findings included:</p> <p>Observation on 2/29/16 at 12:53 PM, revealed the C and D halls inside the secured unit had no exit signs with directional indicators showing the emergency exit egress passageway. NFPA 101, 7.10.6.2 (2000 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 2/29/16.</p>	K 022	Additional exit signs installed immediately.	02/29/16	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062	Sprinkler contractor was contacted on 2/29. All required sprinkler heads will be replaced by 4/1.	04/01/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Samantha Miller

Adm.

03/18/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the sprinkler system. The findings included: 1. Observation on 2/29/16 at 10:53 AM, revealed seventeen (17) corroded sprinklers under the canopy at the ICF entrance. NFPA 25, 2-2.1.1 (1998 Edition) 2. Observation on 2/29/16 at 11:45 AM, revealed sprinklers loaded with foreign material inside the room behind the dryers. NFPA 25, 2-2.1.1 (1998 Edition) 3. Observation on 2/29/16 at 11:58 AM, revealed the canopy attached to the front of the buiding was being used to store combustable patio furniture without sprinkler coverage. NFPA 13, 5-13.8.2 (1999 Edition) 4. Observation on 2/29/16 at 12:58 PM, revealed a painted spinkler inside the office across from the Clock Room inside A hall. NFPA 25, 2-2.1.1 (1998 Edition) These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 2/29/16.	K 062	Sprinkler contractor was contacted on 2/29. All required sprinkler heads will be replaced by 4/1. Sprinkler heads were cleaned immediately and will be monitored weekly for 6 months by the environmental supervisor. Furniture removed from under canopy and will be replaced with non- combustible furniture. Painted sprinkler head removed immediately and replaced appropriately.	04/01/16 02/29/16 03/18/16 02/29/16	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:	K 066			

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K 066	<p>Continued From page 2</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to post signs that read NO SMOKING in areas where oxygen is used.</p> <p>The findings include:</p> <p>Observation on 2/29/16 at 10:42 AM, revealed oxygen in use without proper no smoking signs posted on resident room doors in the following locations:</p> <ul style="list-style-type: none"> a. 504 b. 506 c. E02 	K 066	<p>No Smoking signs immediately installed on the 3 rooms identified.</p> <p>All licensed nurses were in-serviced on applying No Smoking signs where oxygen is in use and/or stored.</p>	02/29/16	

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K 066	Continued From page 3 This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 2/29/16.	K 066			
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations and interview with staff members, the facility failed to maintain the kitchen hood system. The findings included: 1. Observation on 2/29/16 at 11:04 AM, revealed the deepfryer was not centered under the hood suppression nozzle. NFPA 96, 9-1.2.2 (1998 Edition) 2. Observation on 2/29/16 at 11:04 AM, revealed the grease collection pan was missing under the hood system. NFPA 96, 3-2.6 (1998 Edition) 3. Instructions for manually operating the kitchen's hood fire-extinguishing system posted conspicuously in the kitchen. Interview with quality kitchen staff member at 12:30 PM, revealed staff member #1 did not know how to manually operate the kitchen's hood fire extinguishing system. The instructions shall be reviewed periodically by the employees. NFPA 96-8-1.4 (1998 Edition) These finding was verified by the maintenance director and acknowledged by the administrator	K 069	Suppression nozzle immediately centered over fryer. All suppression nozzles checked to verify correct placement of suppression nozzles. All dietary staff in-serviced on the appropriate placement of suppression nozzles. Grease collection pan immediately replaced. All dietary staff in-serviced on proper cleaning and replacement of grease collection pans. All dietary staff were in-serviced on when and how to use using the hood fire- extinguishing system. All dietary staff will be in-serviced upon hire and routinely thereafter on when/how to use the hood fire suppression system.	02/29/16	02/29/16

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